

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-876		Application or Docket Number 10-689, 139
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APPLICATION AS FILED - PART I

(Column 1)	(Column 2)	SMALL ENTITY	OR	OTHER THAN SMALL ENTITY
FOR	NUMBER FILED	NUMBER EXTRA		
BASIC FEE (37 CFR 1.16(a), (b), or (c))				
SEARCH FEE (37 CFR 1.16(k), (l), or (m))				
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))				
TOTAL CLAIMS (37 CFR 1.16(l))	minus 20 *	*		
INDEPENDENT CLAIMS (37 CFR 1.16(h))	minus 3 *	*		
APPLICATION SIZE FEE (37 CFR 1.16(s))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).			
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(l))				

* If the difference in column 1 is less than zero, enter '0' in column 2

TOTAL

TOTAL

APPLICATION AS AMENDED - PART II

(Column 1)	(Column 2)	(Column 3)	SMALL ENTITY	OR	OTHER THAN SMALL ENTITY	
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA			
	Total (37 CFR 1.16(l))	Minus **	=			
	Independent (37 CFR 1.16(h))	Minus ***	=			
	Application Size Fee (37 CFR 1.16(s))					
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(l))					
2-2-06						
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA			
	Total (37 CFR 1.16(l))	43 Minus **	= 1			
	Independent (37 CFR 1.16(h))	4 Minus ***	= 1			
	Application Size Fee (37 CFR 1.16(s))					
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(l))					

* If the entry in column 1 is less than the entry in column 2, write '0' in column 2.

** If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 21 or zero.

*** If the 'Highest Number Previously Paid For' IN THIS SPACE is less than an 8 digit #.

The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate line in column 3.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the person who is to be carded by the USPTO in processing an application. Confidentiality is governed by 35 U.S.C. 132 and 37 CFR 1.14. The collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. This estimate is subject to change depending upon the complexity of the information gathered. Comments on the amount of time you require to complete this form and/or suggestions for reducing this burden can be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of WINKLER et al.

Application No. 10/689,139

Examiner: ELLINGTON, Alandra

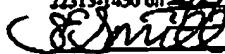
Filed: October 20, 2003

Group Art Unit: 2855

For: SENSOR ELEMENT DEVICE FOR A CAPACITIVE CONTACT SWITCH WITH AN ELECTRICALLY CONDUCTIVE BODY AND METHOD FOR THE MANUFACTURE OF SUCH A BODY

AMENDMENTCERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being simultaneously transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313-1450 on 2/2/06


Sarah E. Smith Reg. No. 50,468

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

INTRODUCTORY COMMENTS

This is in response to the Final Office Action dated November 2, 2005. Please amend the above-identified application as follows:

Amendments to the claims begin on page 2 of this paper.

Remarks/arguments begin on page 10 of this paper.

(WP280956.1)

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Appln. No. 10/689,139
Amendment
Reply to Final Office Action dated November 2, 2005

Docket No. 304-815

patentable subject matter and to be in condition for allowance. The dependent claims are also believed allowable because of their dependence upon an allowable base claim, and because of the further features recited.

New claim 45 is added herein, which corresponds to claim 42 rewritten in independent form as claim 42 was indicated to be allowable if rewritten to include all of the limitations of the base claim and any intervening claim.

III. Conclusion

Applicants have made every effort to present claims which distinguish over the prior art, and it is thus believed that all claims are in condition for allowance. Nevertheless, Applicants invite the Examiner to call the undersigned if it is believed that a telephonic interview would expedite the prosecution of the application to an allowance. In view of the foregoing remarks, Applicants respectfully request reconsideration and prompt allowance of the pending claims.

Respectfully submitted,

Edwill

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Docket No. 304-815

{WP280856,1}

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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/688,159
Filing Date	10/20/2003
First Named Inventor	WINKLER
Art Unit	2655
Examiner Name	ELLINGTON, Alendra

12

Attorney Docket Number

304-815

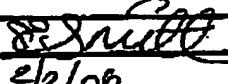
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<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
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<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks

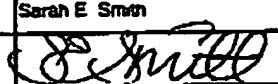
Please charge any fee deficiencies or credit any overpayments to Deposit Account No. 50-0951.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Form or individual name	Sarah E. Smith, Registration No. 50,488 Akerman Senterfit
Signature	
Date	2/2/06

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Typed or printed name	Sarah E. Smith
Signature	
Date	2/2/06

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